

ANSWER 2 OF 16 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AN 2003:583085 BIOSIS

DN PREV200300572894

TI BARRETT'S EPITHELIUM AS A LOW RESISTANCE SHUNT ACROSS THE ESOPHAGEAL BARRIER. .

AU Rendon-Huerta, Erika [Reprint Author]; Valenzano, Mary C.; Trembeth, Susan; Hameed, Burhan; Kothari, Rupal; Mercogliano, Giancarlo; Meddings, Jonathan B.; Thornton, James J.; Mullin, James M.

CS Wynnewood, PA, USA

SO Digestive Disease Week Abstracts and Itinerary Planner, (2003) Vol. 2003, pp. Abstract No. T924. e-file.

Meeting Info.: Digestive Disease 2003. FL, Orlando, USA. May 17-22, 2003. American Association for the Study of Liver Diseases; American Gastroenterological Association; American Society for Gastrointestinal Endoscopy; Society for Surgery of the Alimentary Tract.

DT Conference; (Meeting)

Conference; (Meeting Poster)

Conference; Abstract; (Meeting Abstract)

LA English

ED Entered STN: 10 Dec 2003

Last Updated on STN: 10 Dec 2003

AB The permeability of an endogenous and exogenous marker across the gastroesophageal tract of control patients vs patients with prediagnosed Barrett's metaplasia was evaluated. The activity of the salivary isoform of amylase was evaluated in patients' serum with blood samples being drawn at the time of upper endoscopy. In addition, two weeks post endoscopy, patients orally consumed a solution of 100 gms of sucrose in 200 cc of water at bedtime, followed by collection of overnight urine output. Sucrose amount in urine, a measure of sucrose diffusion across the upper GI tract into the bloodstream, was determined by HPLC. Although salivary amylase (mw 55,000) levels in the blood of control and Barrett's patients were not distinguishable, the Barrett's Esophagus patients showed almost 4-fold increased leakage of sucrose (mw 342) out of the lumen of the upper GI tract. For 20 control patients, the mean urine sucrose was 65 mg +/- 4 mg (SEM). For 8 Barrett's patients, the mean urine sucrose was 160 mg +/- 37 mg (SEM) (P < 0.02, Student's t test). Mucosal biopsies of normal esophageal epithelium from both Barrett's patients and control patients, and of Barrett's epithelium itself, were evaluated for expression levels of occludin, claudin-1 and claudin-2 by Western immunoblot. Occludin was found in all three groups, and showed no difference in expression level (on a per mg total protein basis) among the three groups. Claudin-1 however was sharply lower in Barrett's epithelium than in normal squamous epithelium. Barrett's epithelium showed only 50% of the level of claudin-1 seen in normal squamous epithelium. Claudin-2 was consistently absent in all normal squamous epithelial biopsies. However two of the eight patients' Barrett's epithelium biopsies manifested readily detectable levels of claudin-2. Induction of claudin-2 and sharply elevated leakage of sucrose might indicate relative tight junctional leakiness in Barrett's epithelium. They may also be risk factors for future development of esophageal adenocarcinoma. (Work supported by a grant from the John S. Sharpe Fndn.)..

L9 ANSWER 3 OF 16 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN

AN 2003-11494 DRUGU T

TI Barrett's esophagus and esophageal adenocarcinoma: pathogenesis, diagnosis, and therapy.

AU Spechler S J

CS Univ.Texas-Southwestern

LO Dallas

=> fil reg

FILE 'REGISTRY' ENTERED AT 14:03:53 ON 03 JUN 2004

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

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STRUCTURE FILE UPDATES: 2 JUN 2004 HIGHEST RN 688737-01-1

DICTIONARY FILE UPDATES: 2 JUN 2004 HIGHEST RN 688737-01-1

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 6, 2004

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Crossover limits have been increased. See HELP CROSSOVER for details.

Experimental and calculated property data are now available. For more information enter HELP PROP at an arrow prompt in the file or refer to the file summary sheet on the web at:

<http://www.cas.org/ONLINE/DBSS/registryss.html>

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L91 ANSWER 1 OF 4 REGISTRY COPYRIGHT 2004 ACS on STN

RN 9032-08-0 REGISTRY

CN **Amylase, gluco-** (9CI) (CA INDEX NAME)

OTHER NAMES:

CN α -1,4-Glucan glucohydrolase

CN γ -**Amylase**

CN 1,4- α -D-Glucan glucohydrolase

CN Acid amyloglucosidase

CN Agidex

CN AMG

CN AMG (enzyme)

CN AMG 200L

CN AMG 300L

CN AMG 50L

CN Amigase

CN **Amylase AG 150L**

CN Amylo 300

CN Amyloglucosidase

CN Amyloglucosidase 300L

CN Amyloglycosidase

CN Brimac

CN Diazyme

CN Diazyme L 200

CN Distillase

CN E.C. 3.2.1.3

CN Esadex AG 900

CN Exo- α -1,4-glucanase

CN exo-1,4- α -D-Glucosidase

CN Exo-1,4- α -glucosidase

CN G-Zyme G 990SP

CN Gammylo 300L

CN **Glucamylase**

CN Glucan 1,4- α -glucosidase

CN **Glucoamylase**

CN **Glucose amylase**

CN Glucozyme DBK

CN Glucozyme NL

CN Gluczyme
CN Gluczyme AF 6
CN Gluczyme NL 4.2
CN Glukopol P
CN Glutase S
CN **Glycoamylase**
CN Glyukozim L 400
CN Optidex
CN Optidex 300A
CN Optidex L300A
CN Speedase MK
CN Spezyme
CN Sumizyme 3000
CN Sumizyme AL
CN Sumizyme CU
CN Uniase 60
CN Validase GA
AR 152923-54-1, 152923-55-2
DR 9037-13-2, 37185-63-0
MF Unspecified
CI MAN
LC STN Files: AGRICOLA, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA,
CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN,
CSCHEM, CSNB, EMBASE, IFICDB, IFIPAT, IFIUIDB, IPA, MSDS-OHS, NAPRALERT,
NIOHTIC, PIRA, PROMT, TOXCENTER, USPAT2, USPATFULL
Other Sources: DSL**, EINECS**, TSCA**
(*Enter CHEMLIST File for up-to-date regulatory information)
DT.CA Caplus document type: Conference; Dissertation; Journal; Patent; Report
RL.P Roles from patents: ANST (Analytical study); BIOL (Biological study);
FORM (Formation, nonpreparative); MSC (Miscellaneous); OCCU
(Occurrence); PREP (Preparation); PROC (Process); PRP (Properties); RACT
(Reactant or reagent); USES (Uses); NORL (No role in record)
RLD.P Roles for non-specific derivatives from patents: ANST (Analytical
study); BIOL (Biological study); PREP (Preparation); PROC (Process); PRP
(Properties); RACT (Reactant or reagent); USES (Uses)
RL.NP Roles from non-patents: ANST (Analytical study); BIOL (Biological
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(Occurrence); PREP (Preparation); PROC (Process); PRP (Properties); RACT
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(Occurrence); PREP (Preparation); PROC (Process); PRP (Properties); RACT
(Reactant or reagent); USES (Uses)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

6010 REFERENCES IN FILE CA (1907 TO DATE)

176 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

6012 REFERENCES IN FILE CAPLUS (1907 TO DATE)

REFERENCE 1: 140:374217

REFERENCE 2: 140:374008

REFERENCE 3: 140:373998

REFERENCE 4: 140:355949

REFERENCE 5: 140:341025

REFERENCE 6: 140:338004

REFERENCE 7: 140:320261

REFERENCE 8: 140:320059

REFERENCE 9: 140:320038

REFERENCE 10: 140:317403

L91 ANSWER 2 OF 4 REGISTRY COPYRIGHT 2004 ACS on STN

RN 9000-92-4 REGISTRY

CN Amylase (9CI) (CA INDEX NAME)

OTHER NAMES:

CN Amylolytic enzymes

CN Amylopol P

CN Amylosa enzyme

CN Amzyme 60

CN Amzyme TX 8

CN Aquasim 240L

CN Aquazym Ultra

CN Biodiastase 1000

CN Biodiastase 1000/2000

CN Biodiastase 2000

CN Dabiase K 27

CN Diastase

CN Diramyl

CN Duramyl

CN Duramyl 300L

CN Duramyl 60T

CN Ecostone A 200

CN Enzylase C

CN Enzyme S 120L

CN Enzyme S 280L

CN Enzymes, amylolytic

CN Fetilase

CN Gamylo 200L

CN Glucozyme DB

CN Glycogenase

CN Kleistase M 20

CN Kleistase M 5

CN Kleistase T

CN Kleistase TU 20

CN Kokugen T

CN Lactose RCS

CN Malt diastase

CN Miola

CN Mylase 100

CN Natalase

CN Neospitase K

CN Optimax HP 7525

CN Raktase SuperConc

CN Rapidase 2M

CN Rohalase M

CN Seyco Desize 2000

CN Termamyl 50T

CN Termozym

CN Thermoamylase

CN Tyazyme L300

CN Veron AC

CN Veron Bake

CN Veron GK

DR 8049-91-0, 9000-93-5, 9014-71-5

MF Unspecified

CI COM, MAN

LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO,
CA, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMLIST, CIN, CSCHEM, CSNB,

DIOGENES, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT, NIOSHTIC, PIRA, PROMT, RTECS*, TOXCENTER, USAN, USPAT2, USPATFULL, VTB

(*File contains numerically searchable property data)

Other Sources: EINECS**, TSCA**

(**Enter CHEMLIST File for up-to-date regulatory information)

DT.CA Caplus document type: Book; Conference; Dissertation; Journal; Patent; Report

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*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

18974 REFERENCES IN FILE CA (1907 TO DATE)

88 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

18982 REFERENCES IN FILE CAPLUS (1907 TO DATE)

REFERENCE 1: 140:380736

REFERENCE 2: 140:376469

REFERENCE 3: 140:376466

REFERENCE 4: 140:374313

REFERENCE 5: 140:373186

REFERENCE 6: 140:373182

REFERENCE 7: 140:373134

REFERENCE 8: 140:372414

REFERENCE 9: 140:372175

REFERENCE 10: 140:372163

L91 ANSWER 3 OF 4 REGISTRY COPYRIGHT 2004 ACS on STN

RN 9000-90-2 REGISTRY

CN **Amylase**, α - (9CI) (CA INDEX NAME)

OTHER NAMES:

CN α -**Amylase**

CN 1,4- α -D-Glucan glucanohydrolase

CN 1,4- α -D-Glucanase

CN 1,4- α -Glucanase

CN Amano AD 1

CN **Amylase AD**

CN **Amylase THC 250**

CN Amylogal CS

CN Amylolisin 5

CN Amylopsin

CN Amylosubtilin
CN AP subtilin
CN Aquazym 120L
CN Aquazyme 240
CN Aquazyme 240L
CN AS 10
CN Bactosol TK
CN Ban
CN Ban (enzyme)
CN BAN 120L
CN BAN 240
CN Ban 480L
CN Beisol T 2090
CN **Bioamylase BAA**
CN Biobake 40000
CN Bioferm
CN Bioferm P
CN Bioprep TBS
CN Biotex GT
CN Biozyme A
CN Biozyme F
CN Brewers Amylique TS
CN Buclamase
CN Canalpha 1000P
CN Canalpha 600L
CN Canalpha 60P
CN Clarase
CN Denazyme SA 7
CN Desize 160
CN E.C. 3.2.1.1
CN Ekikakoso 6T
CN EMCEmaltex 1000
CN **Endoamylase**
CN FD Super
CN Fermizyme P 500
CN Fortizyme
CN **Fukutamylase**
CN Fungamil Super AX
CN Fungamyl
CN Fungamyl 2500BG
CN **G6-Amylase**
CN **Taka-amylase**
CN **Taka-amylase A**

ADDITIONAL NAMES NOT AVAILABLE IN THIS FORMAT - Use FCN, FIDE, or ALL for
DISPLAY

AR 9000-85-5, 152923-47-2, 152923-48-3, 152923-49-4

DR 9001-95-0, 9036-05-9, 9077-78-5, 135319-50-5, 106009-10-3, 70356-39-7,
144133-13-1

MF Unspecified

CI COM, MAN

LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO,
CA, CABA, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMLIST, CIN, CSCHM,
CSNB, DDFU, DIOGENES, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB,
IMSCOSEARCH, IPA, MRCK*, MSDS-OHS, NAPRALERT, NIOSHTIC, PIRA, PROMT,
RTECS*, TOXCENTER, USAN, USPAT2, USPATFULL

(*File contains numerically searchable property data)

Other Sources: DSL**, EINECS**, TSCA**

(**Enter CHEMLIST File for up-to-date regulatory information)

DT.CA Caplus document type: Book; Conference; Dissertation; Journal; Patent;
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*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

14685 REFERENCES IN FILE CA (1907 TO DATE)

219 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

14716 REFERENCES IN FILE CAPLUS (1907 TO DATE)

REFERENCE 1: 140:380681

REFERENCE 2: 140:376923

REFERENCE 3: 140:374457

REFERENCE 4: 140:374293

REFERENCE 5: 140:374225

REFERENCE 6: 140:374217

REFERENCE 7: 140:374211

REFERENCE 8: 140:374008

REFERENCE 9: 140:372022

REFERENCE 10: 140:371970

L91 ANSWER 4 OF 4 REGISTRY COPYRIGHT 2004 ACS on STN

RN 57-50-1 REGISTRY

CN α -D-Glucopyranoside, β -D-fructofuranosyl (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN **Sucrose (8CI)**

OTHER NAMES:

CN **(+)-Sucrose**

CN β -D-Fructofuranosyl α -D-glucopyranoside

CN Amerfond

CN Beet sugar

CN Cane sugar

CN Confectioner's sugar

CN D-(+)-Saccharose

CN **D-(+)-Sucrose**

CN **D-Sucrose**

CN GNE 410

CN Granulated sugar

CN Manalox AS

CN Microse

CN NSC 406942

CN Rock candy

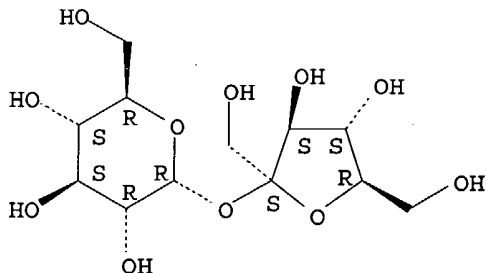
CN Saccharose

CN Saccharum

CN Sucralox

CN Sugar
 CN White sugar
 FS STEREOSEARCH
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 104242-10-6, 50857-68-6, 51909-69-4, 65545-99-5, 75398-84-4, 76056-38-7,
 78654-77-0, 146054-35-5, 146187-04-4, 151756-02-4, 80165-03-3, 85456-51-5,
 86101-30-6, 87430-66-8, 92004-84-7, 29253-78-9, 29764-06-5, 30027-72-6,
 47167-52-2, 47185-09-1, 47257-91-0, 100405-08-1, 220376-22-7
 MF C12 H22 O11
 CI COM
 LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOBUSINESS,
 BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB,
 CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHM, CSNB, DDFU,
 DETHERM*, DIOGENES, DIPPR*, DRUGU, EMBASE, GMELIN*, HODOC*, HSDB*,
 IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT,
 NIOSHTIC, PDLCOM*, PIRA, PROMT, PS, RTECS*, SPECINFO, TOXCENTER, TULSA,
 USAN, USPAT2, USPATFULL, VETU, VTB
 (*File contains numerically searchable property data)
 Other Sources: DSL**, EINECS**, TSCA**, WHO
 (**Enter CHEMLIST File for up-to-date regulatory information)
 DT.CA Caplus document type: Book; Conference; Dissertation; Journal; Patent;
 Preprint; Report
 RL.P Roles from patents: ANST (Analytical study); BIOL (Biological study);
 FORM (Formation, nonpreparative); MSC (Miscellaneous); OCCU
 (Occurrence); PREP (Preparation); PROC (Process); PRP (Properties); RACT
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 PRP (Properties); RACT (Reactant or reagent); USES (Uses)
 RL.NP Roles from non-patents: ANST (Analytical study); BIOL (Biological
 study); CMBI (Combinatorial study); FORM (Formation, nonpreparative);
 MSC (Miscellaneous); OCCU (Occurrence); PREP (Preparation); PROC
 (Process); PRP (Properties); RACT (Reactant or reagent); USES (Uses);
 NORL (No role in record)
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 study); BIOL (Biological study); FORM (Formation, nonpreparative); MSC
 (Miscellaneous); OCCU (Occurrence); PREP (Preparation); PROC (Process);
 PRP (Properties); RACT (Reactant or reagent); USES (Uses)

Absolute stereochemistry.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

65255 REFERENCES IN FILE CA (1907 TO DATE)
 3831 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
 65343 REFERENCES IN FILE CAPLUS (1907 TO DATE)
 5 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 140:385196

REFERENCE 2: 140:382981
REFERENCE 3: 140:381060
REFERENCE 4: 140:380784
REFERENCE 5: 140:380754
REFERENCE 6: 140:380698
REFERENCE 7: 140:380689
REFERENCE 8: 140:380662
REFERENCE 9: 140:380628
REFERENCE 10: 140:380593

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(FILE 'HOME' ENTERED AT 13:09:43 ON 03 JUN 2004)
SET COST OFF

FILE 'REGISTRY' ENTERED AT 13:09:49 ON 03 JUN 2004

E SUCROSE/CN
L1 1 S E3
L2 8 S C12H22O11/MF AND SUCROSE
L3 8 S L1,L2
E AMYLASE/CN
L4 1 S E3
E AMYLASE
L5 3827 S E3 NOT L4
L6 13 S L5 AND SALIVA?
L7 3814 S L5 NOT L6

FILE 'HCAPLUS' ENTERED AT 13:11:43 ON 03 JUN 2004

E BARRET/CT
E E8+ALL
E E2+ALL
L8 330 S ESOPHAGUS?/CT (L) BARRETT?
L9 154 S ESOPHAGUS, DISEASE?/CT (L) BARRETT?
L10 433 S ?ESOPHAG? (L) ?BARRET?
L11 433 S L8-L10
L12 19051 S L4
L13 14 S L6
L14 35080 S L7
L15 0 S L11 AND L12
L16 0 S L11 AND L13
L17 0 S L11 AND L14
L18 0 S L11 AND ?AMYLASE?
L19 65497 S L3
L20 0 S L11 AND L19
L21 0 S L11 AND SUCROSE
L22 66 S ?ESOPHAG? AND L12-L14
L23 71 S ?ESOPHAG? AND ?AMYLASE?
L24 612 S ?ESOPHAG? AND 19
L25 92 S ?ESOPHAG? AND SUCROSE
L26 780 S L22-L25
E ESOPHAGUS/CT
L27 8057 S E3-E29

E E3+ALL
 E E8+ALL
 L28 4621 S E8,E7+NT
 E E31
 L29 1728 S E30-E40
 L30 30 S L27-L29 AND L12-L14
 L31 26 S L27-L29 AND ?AMYLASE?
 L32 15 S L27-L29 AND L19
 L33 49 S L27-L29 AND SUCROSE
 L34 783 S L26,L30-L33
 E E36+ALL
 L35 3590 S E21,E20+NT
 L36 9 S L35 AND L12-L14,L19
 L37 4 S L35 AND ?AMYLASE?
 L38 8 S L35 AND SUCROSE
 L39 783 S L34,L36-L38
 L40 26 S L39 AND BARRET?
 L41 26 S L40 AND L8-L40
 L42 0 S L41 AND ?AMYLASE?
 L43 0 S L41 AND SUCROSE
 L44 0 S L41 AND JUNCTION
 L45 11 S L41 AND ?MARKER?
 L46 2 S US20010053534/PN OR (WO2001-US15257 OR US2000-203217#)/AP,PRN
 E MULLIN J/AU
 L47 395 S E3-E22
 E THORTON J/AU
 L48 1 S E4
 L49 1 S L46 AND L47,L48
 L50 2 S L47,L48 AND L8-L45
 L51 1 S L50 NOT 75/SC
 L52 3 S L47,L48 AND (?AMYLASE? OR SUCROSE)
 L53 1 S L52 AND 9/SC
 L54 1 S L51,L53
 L55 4297 S (L4 OR L5 OR L6 OR L3) (L)ANT/RL
 L56 6081 S (L4 OR L5 OR L6 OR L3) (L)ANST/RL
 L57 83 S (L4 OR L5 OR L6 OR L3) (L)DGN/RL
 L58 3 S L55-L57 AND L27-L29,L35
 L59 2 S L58 NOT STURGEON
 E GASTROINTESTINAL/CT
 E E31+ALL
 E E2+ALL
 L60 422 S L55-L57 AND E3+NT
 E E88+ALL
 L61 201 S L55-L57 AND E4,E3+NT
 L62 62 S L60,L61 AND (?NEOPLAS? OR ?CANCER? OR ?CARCIN? OR ?TUMOR? OR
 L63 2 S L62 AND ?ESOPH?
 L64 14 S L60,L61 AND TUMOR MARKERS+OLD,NT,PFT/CT
 L65 14 S L63,L64
 L66 6 S L64 AND SCREEN?
 L67 2 S L57 AND L58,L59
 L68 40 S L57 AND (BIOCHEM?(L)METHOD?)/SC,SX
 L69 133 S L55-L57 AND (?NEOPLAS? OR ?CANCER? OR ?CARCIN? OR ?TUMOR? OR
 L70 83 S L69 AND (BIOCHEM?(L)METHOD?)/SC,SX
 L71 0 S L70 AND L27-L29,L35
 L72 31 S L70 AND (?DIGEST? OR ?GASTRO? OR ?GASTRI? OR ?INTESTIN?)
 SEL DN AN 20 22 23 31
 L73 4 S L72 AND E1-E12
 L74 52 S L70 NOT L72
 SEL DN AN 49 50 51
 L75 3 S L74 AND E13-E21
 L76 8 S L73,L75,L54 AND L8-L75
 L77 8 S L76 AND (?AMYLASE? OR ?SUCROSE? OR ?SACCHARIDE? OR ?SUGAR?)
 L78 816 S (L12-L14,L19 OR ?AMYLASE? OR ?SUCROSE?) AND ?LEAK?

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(FILE 'HOME' ENTERED AT 08:33:59 ON 03 JUN 2004)

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI, BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA, CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DISSABS, DDFB, DDFU, DGENE, DRUGB, DRUGMONOG2, ...' ENTERED AT 08:34:51 ON 03 JUN 2004

SEA TIGHT JUNCTION(25W) (BARRETT? ESOPHAGUS)

SEA TIGHT JUNCTION(25W) ESOPHAGUS

L1 1 FILE EMBASE
QUE TIGHT JUNCTION(25W) ESOPHAGUS

FILE 'EMBASE' ENTERED AT 08:37:41 ON 03 JUN 2004

L2 1 S TIGHT JUNCTION(25W) ESOPHAGUS

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI, BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA, CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DISSABS, DDFB, DDFU, DGENE, DRUGB, DRUGMONOG2, ...' ENTERED AT 08:38:32 ON 03 JUN 2004

SEA ESOPHAGUS (25W) LEAK?

1 FILE AQUASCI
1 FILE BIOBUSINESS
31 FILE BIOSIS
1 FILE BIOTECHNO
79 FILE CANCERLIT
8 FILE CAPLUS
1 FILE DISSABS
1 FILE DDFB
2 FILE DDFU
1 FILE DRUGB
5 FILE DRUGU
1 FILE EMBAL
127 FILE EMBASE
8 FILE ESBIODASE
1 FILE FEDRIP
1 FILE HEALSAFE
1 FILE IFIPAT
33 FILE JICST-EPLUS
3 FILE LIFESCI
46 FILE MEDLINE
1 FILE OCEAN
28 FILE PASCAL
3 FILE PROMT
46 FILE SCISEARCH
4 FILE TOXCENTER
38 FILE USPATFULL
2 FILE USPAT2
5 FILE WPIDS
5 FILE WPINDEX
L3 QUE ESOPHAGUS (25W) LEAK?

SEA L3 AND BARRETT

1 FILE BIOSIS
1 FILE DRUGU
1 FILE EMBASE

L4 4 FILE USPATFULL
 QUE L3 AND BARRETT

 FILE 'USPATFULL, BIOSIS, DRUGU, EMBASE' ENTERED AT 08:39:47 ON 03 JUN 2004
 L5 7 S L3 AND BARRETT
 L6 7 DUP REM L5 (0 DUPLICATES REMOVED)

 INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI,
 BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA,
 CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DISSABS,
 DDFB, DDFU, DGENE, DRUGB, DRUGMONOG2, ...' ENTERED AT 08:42:22 ON 03 JUN
 2004

 SEA ESOPHAGUS(25W)AMYLASE AND LEAK?

 L7 QUE ESOPHAGUS(25W) AMYLASE AND LEAK?

 SEA ESOPHAGUS(25W)AMYLASE AND PERM?

 L8 QUE ESOPHAGUS(25W) AMYLASE AND PERM?

 SEA ESOPH?(25W)AMYLASE AND PERM?

 L9 QUE ESOPH?(25W) AMYLASE AND PERM?

 SEA BARRETT(25W)DIAG? AND SALIVARY

 1 FILE BIOSIS
 2 FILE USPATFULL
 L10 QUE BARRETT(25W) DIAG? AND SALIVARY

 FILE 'USPATFULL, BIOSIS' ENTERED AT 08:46:57 ON 03 JUN 2004
 L11 3 S BARRETT(25W)DIAG? AND SALIVARY
 L12 3 DUP REM L11 (0 DUPLICATES REMOVED)

 INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI,
 BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA,
 CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DISSABS,
 DDFB, DDFU, DGENE, DRUGB, DRUGMONOG2, ...' ENTERED AT 08:48:52 ON 03 JUN
 2004

 SEA LEAKAGE(25W)SUCROSE AND ESOPH?

 1 FILE BIOSIS
 2 FILE USPATFULL
 L13 QUE LEAKAGE(25W) SUCROSE AND ESOPH?

 FILE 'USPATFULL, BIOSIS' ENTERED AT 08:49:35 ON 03 JUN 2004
 L14 3 S LEAKAGE(25W)SUCROSE AND ESOPH?

 INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI,
 BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA,
 CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DISSABS,
 DDFB, DDFU, DGENE, DRUGB, DRUGMONOG2, ...' ENTERED AT 08:51:42 ON 03 JUN
 2004

 SEA BARRETT'S' ESOPHAGUS AND SALIVARY AMYLASE

 L15 QUE BARRETT'S' ESOPHAGUS AND SALIVARY AMYLASE

 INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI,
 BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA,
 CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DISSABS,

DDFB, DDFU, DGENE, DRUGB, DRUGMONOG2, ...' ENTERED AT 08:53:55 ON 03 JUN
2004

SEA LEAK?(25W)SALIVARY AMYLASE

1 FILE USPATFULL

L16 QUE LEAK?(25W) SALIVARY AMYLASE

FILE 'USPATFULL' ENTERED AT 08:54:42 ON 03 JUN 2004

L17 1 S LEAK?(25W)SALIVARY AMYLASE

=>

L79 1148 S (L12-L14,L19 OR ?AMYLASE? OR ?SUCROSE?) AND ?JUNCTION?
L80 3704 S (L12-L14,L19 OR ?AMYLASE? OR ?SUCROSE?) AND ?PERMEAB?
L81 223 S L78-L80 AND ?EPITHEL?
L82 208 S L78-L80 AND (?NEOPLAS? OR ?CANCER? OR ?CARCIN? OR ?TUMOR? OR
L83 13 S L81 AND L82
L84 3 S L83 AND STOMACH
SEL DN AN L84
SEL DN AN L84 3
L85 1 S L84 AND E31-E33
L86 8 S L77,L85
L87 2 S L12-L14,L19 AND ?BARRET?
L88 20 S (?AMYLASE? OR ?SUCROSE? OR ?SACCHARID? OR ?SUGAR? OR ?CARBOHY
SEL DN AN L88 12
L89 1 S L88 AND E34-E36
L90 9 S L86,L89
SEL HIT RN

FILE 'REGISTRY' ENTERED AT 14:03:13 ON 03 JUN 2004
L91 4 S E37-E40 AND L1-L7

FILE 'REGISTRY' ENTERED AT 14:03:53 ON 03 JUN 2004

=> fil hcaplus
FILE 'HCAPLUS' ENTERED AT 14:04:00 ON 03 JUN 2004
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FILE COVERS 1907 - 3 Jun 2004 VOL 140 ISS 23
FILE LAST UPDATED: 2 Jun 2004 (20040602/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

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L90 ANSWER 1 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN
AN 2001:924284 HCAPLUS
DN 136:34326
ED Entered STN: 21 Dec 2001
TI Early diagnosis of **cancerous** and **precancerous**
conditions by leakage of signature-peptides and carbohydrates into the
bloodstream
IN **Mullin, James; Thorton, James**
PA USA
SO U.S. Pat. Appl. Publ., 6 pp.
CODEN: USXXCO
DT Patent
LA English
IC ICM G01N033-574
ICS C12Q001-40; C12Q001-37; G01N033-48

NCL 435007230

CC 9-16 (Biochemical Methods)

Section cross-reference(s): 14

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2001053534	A1	20011220	US 2001-853427	20010510 <--
	WO 2003050500	A1	20030619	WO 2001-US15257	20010510 <--
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
PRAI	US 2000-203271P	P	20000510		
AB	The invention concerns the early diagnosis of cancerous or precancerous conditions in the gastrointestinal tract by detection of a backleak of signature proteins or carbohydrates in a biol. sample obtained from the gastrointestinal tract.				
ST	diagnosis cancer blood peptide carbohydrate pepsin				
	amylase mannitol sucrose				
IT	Blood analysis				
	Diagnosis				
	Digestive tract				
	Immunoassay				
	Mammalia				
	(early diagnosis of cancerous and precancerous conditions by leakage of signature peptides and carbohydrates into bloodstream)				
IT	Carbohydrates, analysis				
	Peptides, analysis				
	Proteins				
	RL: ANT (Analyte); DGN (Diagnostic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)				
	(early diagnosis of cancerous and precancerous conditions by leakage of signature peptides and carbohydrates into bloodstream)				
IT	Bioassay				
	(enzyme; early diagnosis of cancerous and precancerous conditions by leakage of signature peptides and carbohydrates into bloodstream)				
IT	Proteins				
	RL: ANT (Analyte); DGN (Diagnostic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)				
	(trefoil; early diagnosis of cancerous and precancerous conditions by leakage of signature peptides and carbohydrates into bloodstream)				
IT	57-50-1, Sucrose , analysis 69-65-8, Mannitol				
	9001-75-6, Pepsin				
	RL: ANT (Analyte); DGN (Diagnostic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)				
	(early diagnosis of cancerous and precancerous conditions by leakage of signature peptides and carbohydrates into bloodstream)				
IT	9000-92-4, Amylase				
	RL: ANT (Analyte); DGN (Diagnostic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)				
	(salivary; early diagnosis of cancerous and precancerous conditions by leakage of signature peptides and carbohydrates into bloodstream)				

L90 ANSWER 2 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1999:787752 HCAPLUS

DN 132:32922

ED Entered STN: 14 Dec 1999

TI Diagnostic method of stomach cancer

IN Mizuochi, Tsugio; Konishi, Toshio

PA Fujirebio, Inc., Japan; Tokai University

SO Jpn. Kokai Tokkyo Koho, 5 pp.

CODEN: JKXXAF

DT Patent

LA Japanese

IC ICM G01N033-68

CC 9-7 (Biochemical Methods)

Section cross-reference(s): 14

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	JP 11344495	A2	19991214	JP 1998-167809	19980602
	JP 3490893	B2	20040126		
PRAI	JP 1998-167809		19980602		
AB	A method for stomach cancer diagnosis by analyzing gastric juice is disclosed. The method is simple, low cost, more accurate than the traditional x-ray anal. method and easier for patients to handle. The method is also useful for fast screening.				
ST	stomach cancer diagnosis gastric juice analysis; electrophoresis stomach cancer diagnosis gastric juice analysis				
IT	Diagnosis				
	(cancer; diagnostic method of stomach cancer)				
IT	Gastric juice				
	Stomach, neoplasm				
	pH				
	(diagnostic method of stomach cancer)				
IT	Proteins, general, analysis				
	RL: ANT (Analyte); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)				
	(diagnostic method of stomach cancer)				
IT	Stomach, disease				
	(gastritis; diagnostic method of stomach cancer)				
IT	Albumins, analysis				
	RL: ANT (Analyte); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)				
	(serum; diagnostic method of stomach cancer)				
IT	9000-90-2, α -Amylase 9001-10-9, Pepsinogen				
	9012-71-9, Pepsin C				
	RL: ANT (Analyte); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)				
	(diagnostic method of stomach cancer)				

L90 ANSWER 3 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1999:311326 HCAPLUS

DN 130:322692

ED Entered STN: 21 May 1999

TI Sucrose detection by enzyme-linked immunosorbent assay

IN Borgford, Thor Jon; Racher, Kathleen Iris; Braun, Curtis Archie John

PA De Novo Enzyme Corporation, Can.

SO PCT Int. Appl., 39 pp.

CODEN: PIXXD2

DT Patent

LA English

IC ICM C12Q001-48

ICS C12Q001-54; G01N033-66

CC 9-10 (Biochemical Methods)

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9923247	A1	19990514	WO 1998-CA1017	19981102
	W:	AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			
	RW:	GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG			
	US 5972631	A	19991026	US 1997-962723	19971103
	CA 2307906	AA	19990514	CA 1998-2307906	19981102
	AU 9897325	A1	19990524	AU 1998-97325	19981102
	EP 1029075	A1	20000823	EP 1998-951142	19981102
	EP 1029075	B1	20040303		
	R:	AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI			
	JP 2001522035	T2	20011113	JP 2000-519102	19981102
PRAI	US 1997-962723	A	19971103		
	WO 1998-CA1017	W	19981102		
AB	A method is described for the rapid, sensitive and accurate determination of sucrose in biol. fluids. A substrate is pre-coated with a glucose or fructose polymer (dextran, amylose, levan) and a transglycosidase enzyme (dextranase, amylase, levansucrase). When the coated substrate is incubated with biol. fluids containing concns. of sucrose , the transglycosidase enzyme transfers monomers of glucose or fructose from the sucrose to the glucose or fructose polymer. The dimensions of the polymer are increased in proportion to the sucrose concentration of the samples. Newly formed polymer is subsequently quantitated in an immunoassay which employs either a combination of a carbohydrate-binding protein (which may be an antibody) and a conjugate of a secondary antibody and a marker enzyme, or a conjugate of a carbohydrate-binding protein and a marker enzyme. The assay is particularly useful in a non-invasive diagnostic test for gastric damage.				
ST	sucrose detection ELISA glucose fructose polymer				
IT	Immunoglobulins				
	RL: ARG (Analytical reagent use); ANST (Analytical study); USES (Uses) (G; sucrose detection by ELISA)				
IT	Proteins, specific or class				
	RL: ARG (Analytical reagent use); ANST (Analytical study); USES (Uses) (carbohydrate-binding; sucrose detection by ELISA)				
IT	Immunoassay				
	(enzyme-linked immunosorbent assay; sucrose detection by ELISA)				
IT	Ascitic fluid				
	Body fluid				
	Hybridoma				
	Stomach, disease				
	Streptococcus sanguinis				
	(sucrose detection by ELISA)				
IT	Antibodies				
	Enzymes, uses				
	Polymers, uses				
	RL: ARG (Analytical reagent use); ANST (Analytical study); USES (Uses) (sucrose detection by ELISA)				
IT	50-99-7, Glucose, uses 57-48-7, Fructose, uses				
	RL: ARG (Analytical reagent use); ANST (Analytical study); USES (Uses) (polymer; sucrose detection by ELISA)				
IT	57-50-1, Sucrose, analysis				

RL: ANT (Analyte); ANST (Analytical study)

(sucrose detection by ELISA)

IT 7722-84-1, Hydrogen peroxide, uses 9003-99-0, Peroxidase 9004-54-0, Dextran, uses 9005-82-7, Amylose 9013-95-0, Levan 9030-17-5, Levansucrase 9032-11-5, Amylosucrase 9032-14-8, Dextransucrase 25265-76-3, Phenylenediamine

RL: ARG (Analytical reagent use); ANST (Analytical study); USES (Uses)
(sucrose detection by ELISA)

RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

(1) Toshio, M; US 4557927 A 1985 HCAPLUS

(2) Univ Queensland; EP 0142230 A 1985 HCAPLUS

L90 ANSWER 4 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1998:792844 HCAPLUS

DN 130:180945

ED Entered STN: 18 Dec 1998

TI **Sucrose permeability** as a means of detecting diseases of the upper digestive tract

AU Kawabata, Hidehiro; Meddings, Jon B.; Uchida, Yoshihito; Matsuda, Kazuya; Sasahara, Katsuyuki; Nishioka, Mikio

CS Third Department of Internal Medicine, Kagawa Medical School, Kagawa, Japan

SO Journal of Gastroenterology and Hepatology (1998), 13(10), 1002-1006

CODEN: JGHEEO; ISSN: 0815-9319

PB Blackwell Science Asia Pty Ltd.

DT Journal

LA English

CC 14-7 (Mammalian Pathological Biochemistry)

Section cross-reference(s): 9

AB The healthy **gastric epithelium** will not allow easy permeation of a **disaccharide**-sized mol. such as **sucrose**. However, during **gastric** damage, intact **sucrose** can pass the **gastric epithelium** and ultimately appear in the urine. The authors examined the relation between total urinary **sucrose** excretion and various diseases. The authors used 149 patients (105 had upper **gastrointestinal** disease, 12 had **gastric cancer** and 32 were normal). Subjects were given a solution containing 100 g **sucrose** in 450 c.c. water. All urine was collected for 7.5 h. The urinary **sucrose** concentration was determined by anion exchange high-performance liquid chromatog. Total urinary **sucrose** excretion was significantly higher in patients with **gastric ulcer** and those with **gastric cancer** than in endoscopically normal controls. In the 34 patients with **gastric ulcer**, the total **sucrose** excretion was closely correlated with ulcer size. Ulcer location did not affect urinary **sucrose** excretion. A strong correlation was also observed between **sucrose** excretion and lesion size in the 12 patients with **gastric cancer**. The **sucrose permeability** test may be a relatively sensitive method to detect **gastric** disease.

ST **sucrose excretion digestive tract disease**

IT **Stomach, disease**

(ulcer; urinary excretion of **sucrose** as marker of human upper **gastrointestinal** disease)

IT Biomarkers (biological responses)

Stomach, neoplasm

Urine

(urinary excretion of **sucrose** as marker of human upper **gastrointestinal** disease)

IT 57-50-1, **Sucrose**, biological studies

RL: ANT (Analyte); THU (Therapeutic use); ANST (Analytical study); BIOL (Biological study); USES (Uses)

(urinary excretion of **sucrose** as marker of human upper
gastrointestinal disease)

RE.CNT 12 THERE ARE 12 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

- (1) Borrmann, R; Handbuch der Speziellen Pathologischen Anatomie und Histologie 1926, V4
- (2) Dawson, D; Clin Sci 1988, V74, P427 MEDLINE
- (3) Fisher, R; Cancer 1965, V18, P1278
- (4) Meddings, J; Gastroenterology 1993, V104, P1619 HCAPLUS
- (5) Murakami, T; Gann Monograph on Cancer Research 1971, VII
- (6) Murphy, M; Arch Dis Child 1989, V64, P321 MEDLINE
- (7) Nishi, N; Cellular Devel Biol 1988, V24, P778 HCAPLUS
- (8) Sakita, T; Jpn J Clin Med 1964, V22, P1945
- (9) Sanderson, I; Gut 1987, V28, P1073 MEDLINE
- (10) Sutherland, L; Lancet 1994, V343, P998 MEDLINE
- (11) Ukabam, S; Digestion 1983, V27, P70 MEDLINE
- (12) van Elburg, R; Scand J Gastroenterol 1992, V194, P19 MEDLINE

L90 ANSWER 5 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1988:53626 HCAPLUS

DN 108:53626

ED Entered STN: 20 Feb 1988

TI Glycoconjugate expression in normal, metaplastic, and neoplastic human upper gastrointestinal mucosa

AU Shimamoto, Chikao; Weinstein, Wilfred M.; Boland, C. Richard

CS Sch. Med., Univ. Michigan, Ann Arbor, MI, 48105, USA

SO Journal of Clinical Investigation (1987), 80(6), 1670-8

CODEN: JCINAO; ISSN: 0021-9738

DT Journal

LA English

CC 14-1 (Mammalian Pathological Biochemistry)

AB Glycoconjugate structure in upper gastrointestinal epithelium was studied using 5 lectins to determine the relation between aberrant differentiation and glycoconjugate expression. Specimens of normal esophagus, stomach, and duodenum were examined and compared with specimens of columnar metaplasia in the esophagus (**Barrett's** esophagus) and specimens of adenocarcinoma of the esophagus and stomach. Specific terminal glycoconjugate structures were found for the esophagus, stomach, and duodenum. Minor differences were found between the antral and fundic gland mucosae, reflecting their resp. cell populations. In biopsies of **Barrett's** esophagus, gastric-type columnar metaplasia expressed glycoconjugates indistinguishable from those in the normal stomach. In specialized-type columnar metaplasia, a more restricted expression of glycoconjugates was seen resembling the normal duodenum. The presence of low grade dysplasia in **Barrett's** esophagus associated with adenocarcinoma had no impact on glycoconjugate expression. However, a distinctive difference in glycosylation was seen in high grade dysplasia of the columnar-lined esophagus and in adenocarcinoma of the esophagus and stomach. **Barrett's** esophagus is a morphol. mosaic in which the glycoconjugate expression resembles that seen in the normal stomach and duodenum. However, in high grade dysplasia and carcinoma, variable deletion of glycoconjugate expression can be found.

ST glycoconjugate upper gastrointestinal mucosa neoplasia; **Barrett** esophagus glycoconjugate

IT Carcinoma

(glycoconjugates of, of esophagus and stomach of human)

IT Stomach, composition

(glycoconjugates of, of humans)

IT **Carbohydrates** and **Sugars**, biological studies

Sialic acids

RL: BIOL (Biological study)

(of upper gastrointestinal mucosa of humans, metaplasia and neoplasia effect on)

IT Stomach, neoplasm
(carcinoma, glycoconjugates of, of humans)
IT Esophagus
(disease, **Barrett's** syndrome, glycoconjugates of tissue in,
in humans)
IT Intestine, composition
(duodenum, glycoconjugates of, of humans)
IT Esophagus
(neoplasm, carcinoma, glycoconjugates of, of humans)
IT 1811-31-0 3554-90-3 6696-41-9, α -L-Fucose 7512-17-6
RL: BIOL (Biological study)
(of upper gastrointestinal mucosa of humans, metaplasia and neoplasia
effect on)

L90 ANSWER 6 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1978:59796 HCAPLUS

DN 88:59796

ED Entered STN: 12 May 1984

TI Laboratory diagnosis of pancreas diseases

AU Naito, Seiji

CS Inst. Casualty Cent., Juntendo Univ., Tokyo, Japan

SO Igaku no Ayumi (1977), 103(5), 383-7

CODEN: IGAYAY; ISSN: 0039-2359

DT Journal; General Review

LA Japanese

CC 9-0 (Biochemical Methods)

Section cross-reference(s): 14, 7

AB A review with 11 refs. Recent progress in the evaluation of serum
amylase isoenzyme patterns, the pancreozymin-secretin stimulation
test for pancreatic exocrine function, and phys. methods (ultrasonic,
computerized tomog.) for the diagnosis of pancreatic **cancer** and
acute and chronic pancreatitis are covered.

ST review pancreas disease diagnosis; pancreatitis diagnosis review;
cancer pancreas diagnosis review; **amylase** isoenzyme
pancreas disease review

IT Blood analysis
(**amylase** isoenzymes determination in, pancreatic disease diagnosis in
relation to)

IT Sound and Ultrasound
(in pancreatic disease diagnosis)

IT **Cancer**
(of pancreas, diagnosis of, methods in)

IT **Pancreas, neoplasm**
(**cancer**, diagnosis of, methods in)

IT Radiography
(laminog., in pancreatic disease diagnosis)

IT **Pancreas, disease or disorder**
(**pancreatitis**, diagnosis of, methods in)

IT 9000-92-4
RL: ANST (Analytical study)
(isoenzymes, of blood serum, in pancreatic disease diagnosis)

IT 1393-25-5
RL: ANST (Analytical study)
(pancreozymin and, stimulation test, pancreatic function in relation
to)

IT 9011-97-6
RL: ANST (Analytical study)
(secretin and, stimulation test, pancreatic function in relation to)

L90 ANSWER 7 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1976:147112 HCAPLUS

DN 84:147112

ED Entered STN: 12 May 1984

TI Salivary **amylase** in duodenal aspirates
AU Skude, G.; Ihse, Ingemar
CS Dep. Clin. Chem., Univ. Lund, Lund, Swed.
SO Scandinavian Journal of Gastroenterology (1976), 11(1), 17-20
CODEN: SJGRA4; ISSN: 0036-5521
DT Journal
LA English
CC 9-3 (Biochemical Methods)
Section cross-reference(s): 14
AB Salivary and pancreatic **isoamylases** in duodenal aspirates obtained during assessment of pancreatic function after test meal stimulation were separated by agarose gel electrophoresis. Salivary **amylase** was found to be a constituent of the duodenal aspirates in >75% of the tests. The mean relative contribution of salivary **amylase** to the total **amylase** activity of the aspirates varied from .apprx.15% in normals to .apprx.40% in patients with chronic pancreatitis and pancreatic **carcinoma**. The amount of salivary **amylase** varied widely not only between the individuals but also within the samples of the same test series. Specific determination of the pancreatic **isoamylases** instead of determination of the total **amylase** increased the discrimination between normals and patients with pancreatic dysfunction.
ST salivary **amylase** duodenum pancreas function
IT Salivary gland
(**amylase** of, detection in duodenal aspirates, pancreas function in relation to)
IT Intestinal content
(duodenal, salivary and pancreatic **amylases** of, pancreas function in relation to)
IT Pancreas
(function test, **amylase** determination in)
IT Carcinoma
(pancreatic, salivary gland **amylase** determination in relation to)
IT 9000-92-4
RL: ANST (Analytical study)
(salivary and pancreatic, of duodenal aspirates, pancreas function in relation to)

L90 ANSWER 8 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN
AN 1975:135229 HCAPLUS
DN 82:135229
ED Entered STN: 12 May 1984
TI Diagnosis of pancreatic **carcinoma**
AU Hatta, Y.; Taguchi, S.; Sakamoto, N.; Suzawa, S.; Koyama, M.; Kato, K.; Miyazaki, H.
CS Med. Dep., Showa Univ., Tokyo, Japan
SO Lancet (1975), 1(7897), 46
CODEN: LANCAO; ISSN: 0140-6736
DT Journal
LA English
CC 9-6 (Biochemical Methods)
Section cross-reference(s): 7, 14
AB A method was described for the diagnosis of pancreatic **carcinoma** that depended on detecting an anomaly in the pancreatic **amylase** isoenzyme pattern in the disease. Pancreatic juice, obtained by pancreozyminsecretin stimulation, was subjected to polyacrylamide gel electrophoresis at pH 8.3. The gel was then soaked in 1.5% agar containing fluorescent dye associated with **oligosaccharide** at 37°. The gel was then examined by fluorescent densitometry (excitation wavelength 345 nm, emission 435 nm). Isoenzyme peaks in the densitogram were compared. Designating them P1-P5 from the cathodic side to the anodic side, it was found that the sum of P1 and P2 was 33-59% of the area under the curve in 7 healthy volunteers, 75-100% in 8 patients with pancreatic

carcinoma, and 2-92% in 16 patients with chronic pancreatitis.

ST pancreas **carcinoma** diagnosis **amylase** isoenzyme

IT **Pancreas, disease or disorder**
(**carcinoma**, diagnosis of, **amylase** isoenzyme patterns in relation to)

IT **Carcinoma**
(pancreatic, diagnosis of, **amylase** isoenzyme patterns in relation to)

IT 9000-92-4
RL: ANST (Analytical study)
(isoenzymes, pancreatic **carcinoma** diagnosis in relation to)

L90 ANSWER 9 OF 9 HCAPLUS COPYRIGHT 2004 ACS on STN

AN 1972:110012 HCAPLUS

DN 76:110012

ED Entered STN: 12 May 1984

TI Critical analysis of the blood glucose-**amylase** test based upon quantitative parameters collected in 55 subjects

AU Chariot, J.; Gouin, B.; Da la Tour, J.; Debray, Ch.

CS Serv. Gastro-Enterol. A, Hop. Bichat, Paris, Fr.

SO Biologie et Gastro-Enterologie (1971), 3, 199-209
CODEN: BGENAC; ISSN: 0006-3258

DT Journal

LA French

CC 9 (Biochemical Methods)
Section cross-reference(s): 14

AB Comparison of the blood glucose-**amylase** test and simple determination of blood **amylase** and lipase showed no diagnostic advantage for the more complex method. Initial concentration, maximum variation, and mean variation
per hr of blood glucose, **amylase**, and lipase were determined in 55 pancreatic and nonpancreatic subjects, following oral glucose administration (50-g dose). The only significant parameters were initial levels of blood **amylase** and lipase; 495 IU **amylase**/l. and 2.77 conventional units (CU) lipase/ml for suspected pancreatitis, as compared to 172 IU **amylase**/l. and 1.18 CU lipase/ml for pancreatic cancer. Lack of reproducibility for other parameters and a spontaneous variation in **amylase** blood levels of ± 36 Somogyi units were cited as primary reasons for nonreliability of the blood glucose-**amylase** test. The previously assumed stimulant effect of oral glucose on external pancreatic excretion was brought into question.

ST blood glucose **amylase** test

IT Blood **sugar**
(after glucose loading in pancreatic disorder, enzymes of blood in relation to)

IT **Pancreas, disease or disorder**
(**amylase** and lipase of blood after glucose loading in diagnosis of)

IT Blood
(enzymes of, in pancreatic disorder diagnosis)

IT 50-99-7, biological studies
RL: BIOL (Biological study)
(-tolerance test in pancreatic disorder diagnosis, **amylase** and lipase in blood in relation to)

IT 9001-62-1
RL: ANST (Analytical study)
(of blood, in pancreatic disorder after glucose loading)

IT 9032-08-0
RL: ANST (Analytical study)
(of blood, in pancreatic disorder, **amylase** and lipase determination in relation to)

=> fil biosis

FILE 'BIOSIS' ENTERED AT 14:11:28 ON 03 JUN 2004
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FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNS) PRESENT
FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 2 June 2004 (20040602/ED)

FILE RELOADED: 19 October 2003.

=> d all tot

L104 ANSWER 1 OF 2 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2003:583085 BIOSIS
DN PREV200300572894
TI **BARRETT'S** EPITHELIUM AS A LOW RESISTANCE SHUNT ACROSS THE
ESOPHAGEAL BARRIER. .
AU Rendon-Huerta, Erika [Reprint Author]; Valenzano, Mary C.; Trembeth,
Susan; Hameed, Burhan; Kothari, Rupal; Mercogliano, Giancarlo; Meddings,
Jonathan B.; Thornton, James J.; **Mullin, James M.**
CS Wynnewood, PA, USA
SO Digestive Disease Week **Abstracts** and Itinerary Planner, (2003)
Vol. 2003, pp. **Abstract** No. T924. e-file.
Meeting Info.: Digestive Disease 2003. FL, Orlando, USA. May 17-22, 2003.
American Association for the Study of Liver Diseases; American
Gastroenterological Association; American Society for Gastrointestinal
Endoscopy; Society for Surgery of the Alimentary Tract.
DT **Conference; (Meeting)**
Conference; (Meeting Poster)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 10 Dec 2003
Last Updated on STN: 10 Dec 2003
AB The permeability of an endogenous and exogenous marker across the
gastroesophageal tract of control patients vs patients with
prediagnosed **Barrett's** metaplasia was evaluated. The activity
of the salivary isoform of **amylase** was evaluated in patients'
serum with blood samples being drawn at the time of upper endoscopy. In
addition, two weeks post endoscopy, patients orally consumed a solution of
100 gms of **sucrose** in 200 cc of water at bedtime, followed by
collection of overnight urine output. **Sucrose** amount in urine,
a measure of **sucrose** diffusion across the upper GI tract into
the bloodstream, was determined by HPLC. Although salivary
amylase (mw 55,000) levels in the blood of control and
Barrett's patients were not distinguishable, the **Barrett**
's **Esophagus** patients showed almost 4-fold increased
leakage of **sucrose** (mw 342) out of the lumen of the
upper GI tract. For 20 control patients, the mean urine **sucrose**
was 65 mg +/- 4 mg (SEM). For 8 **Barrett's** patients, the mean
urine **sucrose** was 160 mg +/- 37 mg (SEM) (P < 0.02, Student's t
test). Mucosal biopsies of normal **esophageal** epithelium from
both **Barrett's** patients and control patients, and of
Barrett's epithelium itself, were evaluated for expression levels
of occludin, claudin-1 and claudin-2 by Western immunoblot. Occludin was
found in all three groups, and showed no difference in expression level
(on a per mg total protein basis) among the three groups. Claudin-1
however was sharply lower in **Barrett's** epithelium than in normal
squamous epithelium. **Barrett's** epithelium showed only 50% of
the level of claudin-1 seen in normal squamous epithelium. Claudin-2 was
consistently absent in all normal squamous epithelial biopsies. However

two of the eight patients' **Barrett's** epithelium biopsies manifested readily detectable levels of claudin-2. Induction of claudin-2 and sharply elevated leakage of **sucrose** might indicate relative tight junctional leakiness in **Barrett's** epithelium. They may also be risk factors for future development of **esophageal** adenocarcinoma. (Work supported by a grant from the John S. Sharpe Fndn.)..

CC **General biology - Symposia, transactions and proceedings** 00520

Cytology - Animal 02506

Cytology - Human 02508

Biochemistry studies - Carbohydrates 10068

Enzymes - General and comparative studies: coenzymes 10802

Pathology - Diagnostic 12504

Digestive system - Physiology and biochemistry 14004

Digestive system - Pathology 14006

Urinary system - Physiology and biochemistry 15504

Dental biology - Physiology and biochemistry 19004

Development and Embryology - Pathology 25503

IT Major Concepts

Gastroenterology (Human Medicine, Medical Sciences)

IT Parts, Structures, & Systems of Organisms

esophageal epithelium: digestive system; saliva: dental and oral system; urine: excretory system

IT Diseases

Barrett's esophagus: congenital disease, digestive system disease, diagnosis

Barrett Esophagus (MeSH)

IT Chemicals & Biochemicals

amylase; claudin-1: expression; claudin-2: expression; occludin: expression; **sucrose**

IT Methods & Equipment

upper endoscopy: clinical techniques, therapeutic and prophylactic techniques

ORGN Classifier

Hominidae 86215

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human (common): patient

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebrates

RN 9000-92-4 (**amylase**)

57-50-1 (**sucrose**)

L104 ANSWER 2 OF 2 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AN 2003:433357 BIOSIS

DN PREV200300433357

TI Comparison of three integral tight junction barrier proteins in **Barrett's** epithelium versus normal **esophageal** epithelium.

AU Rendon-Huerta, Erika; Valenzano, Mary Carmen; **Mullin, James M.**

[Reprint Author]; Trembeth, Susan E.; Kothari, Rupal; Hameed, Burhan; Mercogliano, Giancarlo; Thornton, James J.

CS Lankenau Institute for Medical Research, 100 Lancaster Avenue, Wynnewood, PA, 19096, USA

SO American Journal of Gastroenterology, (August 2003) Vol. 98, No. 8, pp. 1901-1903. print.

ISSN: 0002-9270 (ISSN print).

DT Letter

LA English

ED Entered STN: 17 Sep 2003

Last Updated on STN: 17 Sep 2003

CC Cytology - Animal 02506

Cytology - Human 02508
 Genetics - Human 03508
 Clinical biochemistry - General methods and applications 10006
 Enzymes - General and comparative studies: coenzymes 10802
 Pathology - Diagnostic 12504
 Digestive system - Physiology and biochemistry 14004
 Digestive system - Pathology 14006
 Neoplasms - Diagnostic methods 24001
 Neoplasms - Pathology, clinical aspects and systemic effects 24004
 Development and Embryology - Pathology 25503
 IT Major Concepts
 Clinical Chemistry (Allied Medical Sciences); Gastroenterology (Human
 Medicine, Medical Sciences); Oncology (Human Medicine, Medical
 Sciences)
 IT Parts, Structures, & Systems of Organisms
 esophageal epithelium: digestive system, transepithelial
 permeability; **esophagus**: digestive system; stomach: digestive
 system
 IT Diseases
 Barrett's esophagus: congenital disease, digestive
 system disease, diagnosis
 Barrett Esophagus (MeSH)
 IT Diseases
 Barrett's esophagus dysplasia: digestive system
 disease, neoplastic disease
 IT Diseases
 aneuploidy: genetic disease
 Aneuploidy (MeSH)
 IT Diseases
 gastric epithelial dysplasia: digestive system disease, neoplastic
 disease
 IT Diseases
 gastroesophageal reflux disease: digestive system disease
 Gastroesophageal Reflux (MeSH)
 IT Chemicals & Biochemicals
 claudin 1: band density, biomarker, integral tight junction barrier
 protein, expression, phosphorylation, regulation; claudin 2: band
 density, biomarker, integral tight junction barrier protein,
 expression, phosphorylation, regulation; claudin 3: band density,
 biomarker, integral tight junction barrier protein, expression,
 phosphorylation, regulation; claudin 4: band density, biomarker,
 integral tight junction barrier protein, expression, phosphorylation,
 regulation; claudin 7: band density, biomarker, integral tight junction
 barrier protein, expression, phosphorylation, regulation; claudin 9:
 band density, biomarker, integral tight junction barrier protein,
 expression, phosphorylation, regulation; occludin: band density,
 biomarker, integral tight junction barrier protein, expression,
 phosphorylation, regulation; protease: biomarker; protein phosphatase
 [EC 3.1.3.16]: biomarker
 IT Methods & Equipment
 Western immunoblot: genetic techniques, immunologic techniques,
 laboratory techniques; densitometry: laboratory techniques; endoscopic
 biopsy: clinical techniques, diagnostic techniques; upper endoscopy:
 clinical techniques, therapeutic and prophylactic techniques
 IT Miscellaneous Descriptors
 risk assessment
 ORGN Classifier
 Hominidae 86215
 Super Taxa
 Primates; Mammalia; Vertebrata; Chordata; Animalia
 Organism Name
 human (common): patient
 Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebrates
RN 9001-92-7 (protease)
9025-75-6Q (protein phosphatase)
79747-53-8Q (protein phosphatase)
149885-84-7Q (protein phosphatase)
375798-61-1Q (protein phosphatase)
9025-75-6 (protein phosphatase)
9025-75-6Q (EC 3.1.3.16)
79747-53-8Q (EC 3.1.3.16)
149885-84-7Q (EC 3.1.3.16)
375798-61-1Q (EC 3.1.3.16)
9025-75-6 (EC 3.1.3.16)

=> => fil cancer

FILE 'CANCERLIT' ENTERED AT 14:22:49 ON 03 JUN 2004

FILE COVERS 1963 TO 15 Nov 2002 (20021115/ED)

On July 28, 2002, CANCERLIT was reloaded. See HELP RLOAD for details.

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MeSH 2002 vocabulary. Enter HELP THESAURUS for details.

This file contains CAS Registry Numbers for easy and accurate substance
identification.

=> d 1123 all tot

L123 ANSWER 1 OF 2 CANCERLIT on STN
AN 2000382614 CANCERLIT
DN 20382614 PubMed ID: 10923077
TI Prevalence and pathogenesis of pancreatic acinar tissue at the
gastroesophageal **junction** in children and young adults.
AU Popiolek D; Kahn E; Markowitz J; Daum F
CS Department of Laboratories, North Shore University Hospital, New York
University School of Medicine, Manhasset 11030, USA.
SO ARCHIVES OF PATHOLOGY AND LABORATORY MEDICINE, (2000 Aug) 124 (8) 1165-7.
Journal code: 7607091. ISSN: 0003-9985.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS MEDLINE; Abridged Index Medicus Journals; Priority Journals
OS MEDLINE 2000416956
EM 200008
ED Entered STN: 20001012
Last Updated on STN: 20001012
AB BACKGROUND: Pancreatic acinar tissue (PAT) at the gastroesophageal
junction (GEJ) has been reported in 3% of adults with
Barrett esophagus (BE) and in 24% of healthy subjects. The
pathogenesis of this ectopic tissue is controversial. Both an acquired
metaplastic process in the setting of BE and a congenital abnormality have
been suggested in adults. OBJECTIVE: To clarify the origin of PAT at the
GEJ. METHODS: We reviewed material obtained from the GEJ in 69 children
and young adults. Each specimen was evaluated by 3 levels stained with
hematoxylin-eosin for the presence of PAT, BE, esophagitis, and gastritis.
Selected cases were also examined with immunohistochemical stains for
lipase, trypsin, and **amylase**. RESULTS: In 16% of the study
population, PAT was present at the GEJ and was not associated with BE. The
prevalence of esophagitis and/or gastritis did not vary significantly
between patients with and without PAT. CONCLUSIONS: Our data suggest that
PAT at the GEJ develops independently of inflammation and is, therefore,
likely to be congenital.

CT Check Tags: Female; Human; Male
 Adolescence
 Adult
 Age Distribution
 Amylases: ME, metabolism
 Barrett Esophagus: EP, epidemiology
 Barrett Esophagus: PA, pathology
 Biopsy
 Child
 Child, Preschool
 Choristoma: EP, epidemiology
 Choristoma: ME, metabolism
 *Choristoma: PA, pathology
 Cohort Studies
 Comorbidity
 Esophageal Neoplasms: EP, epidemiology
 Esophageal Neoplasms: ME, metabolism
 *Esophageal Neoplasms: PA, pathology
 Esophagitis: EP, epidemiology
 Esophagitis: PA, pathology
 *Esophagogastric Junction: PA, pathology
 Gastritis: EP, epidemiology
 Gastritis: PA, pathology
 Infant
 Lipase: ME, metabolism
 *Pancreas
 Prevalence
 Trypsin: ME, metabolism
 CN EC 3.1.1.3 (Lipase); EC 3.2.1.- (Amylases); EC 3.4.21.4 (Trypsin)

L123 ANSWER 2 OF 2 CANCERLIT on STN
 AN 97048854 CANCERLIT
 DN 97048854 PubMed ID: 8893584
 TI Detection of **Barrett's** adenocarcinoma of the gastric cardia with sucrase isomaltase and p53.
 AU Iannettoni M D; Lee S S; Bonnell M R; Sell T L; Whyte R I; Orringer M B; Beer D G
 CS Department of Surgery, University of Michigan, Ann Arbor 48109-0344, USA.
 SO ANNALS OF THORACIC SURGERY, (1996 Nov) 62 (5) 1460-5; discussion 1465-6.
 Journal code: 15030100R. ISSN: 0003-4975.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS MEDLINE; Abridged Index Medicus Journals; Priority Journals
 OS MEDLINE 97048854
 EM 199612
 ED Entered STN: 19970108
 Last Updated on STN: 19970108
 AB BACKGROUND: Routine surveillance for dysplastic epithelium in patients with **Barrett's** esophagus has markedly improved prognosis. Many patients with short segments of **Barrett's** mucosa near the esophagogastric junction remain undiagnosed and at risk for the development of **Barrett's** adenocarcinomas (BA). Sucrase isomaltase (SI), an intestinal enzyme, is highly expressed in intestinal-type **Barrett's** mucosa and frequently expressed in dysplastic **Barrett's** mucosa and BA. Sucrose isomaltase is not expressed in normal esophageal or gastric mucosa. Alterations in the p53 tumor suppressor gene are frequent events in dysplastic **Barrett's** mucosa and BA and result in nuclear protein accumulation. The purpose of this study was to determine the presence or absence of these markers of **Barrett's** mucosa in adenocarcinoma of the esophagogastric junction or cardia. METHODS: Expression

of SI and p53 were examined in 40 BAs and 25 cardia adenocarcinomas using immunohistochemical techniques. RESULTS: **Sucrose** isomaltase analysis revealed positive staining in 55% (22/40) of the BAs and 44% (11/25) of the cardia adenocarcinomas. Of 14 cardia adenocarcinomas that were SI negative, 100% (14/14) had no associated **Barrett's** mucosa. However, in 21 cardia adenocarcinomas with no associated **Barrett's** mucosa, 7/21 (33%) were SI positive. This suggests that SI-positive tumors may represent BA without the standard definition of **Barrett's** esophagus being met. P53 was present in 65% of BAs and 64% of cardia adenocarcinomas, demonstrating the importance and similarity of this gene alteration in both tumor types. Staining was positive for SI or p53 in 77% (50/65) of all tumors. Tumors of lower stage expressed SI more often than higher stage tumors. CONCLUSIONS: These data suggest that a subset of cardia adenocarcinomas represent BAs. Surveillance endoscopy incorporating additional esophagogastric **junction** biopsies and assessment of SI or p53 may improve detection of intestinalized **Barrett's** mucosa and early dysplastic changes.

CT Check Tags: Female; Human; Male
 *Adenocarcinoma: GE, genetics
 *Adenocarcinoma: ME, metabolism
 Aged
 Aged, 80 and over
 ***Barrett Esophagus: CO, complications**
 Cardia
 *Gene Expression Regulation, Neoplastic
 *Genes, p53: GE, genetics
 Immunohistochemistry
 Middle Age
 Prognosis
 Retrospective Studies
 Sensitivity and Specificity
 *Stomach Neoplasms: GE, genetics
 *Stomach Neoplasms: ME, metabolism
 *Sucrase-Isomaltase Complex: ME, metabolism
 *Tumor Markers, Biological: ME, metabolism
 CN 0 (Tumor Markers, Biological); EC 3.2.1.- (Sucrase-Isomaltase Complex)

=> => fil wpix

FILE 'WPIX' ENTERED AT 14:40:47 ON 03 JUN 2004
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FILE LAST UPDATED: 3 JUN 2004 <20040603/UP>
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NEW FORMAT GERMAN PATENT APPLICATION AND PUBLICATION
NUMBERS. SEE ALSO:
<http://www.stn-international.de/archive/stnews/news0104.pdf> <<<

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L163 ANSWER 1 OF 2 WPIX COPYRIGHT 2004 THOMSON DERWENT on STN

AN 2002-121441 [16] WPIX

DNN N2002-091088 DNC C2002-037136

TI Diagnosis of cancerous and precancerous conditions in the gastrointestinal
tract e.g. **Barett's Esophagus**, by detecting a backleak
of signature proteins or carbohydrates in a biological sample from the
gastrointestinal tract.

DC B04 D16 S03

IN **MULLIN, J; THORTON, J**

PA (MULL-I) MULLIN J; (THOR-I) THORTON J; (LANK-N) LANKENAU INST MEDICAL RES
CYC 91

PI US 2001053534 A1 20011220 (200216)* 6 G01N033-574 <--

WO 2003050500 A1 20030619 (200341) EN G01N000-00

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ

NL OA PT SD SE SL SZ TR TZ UG ZW

W: AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CR CU CZ DE DK DM EE ES

FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS

LT LU LV MA MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL

TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW

AU 2001259741 A1 20030623 (200420) G01N033-574 <--

ADT US 2001053534 A1 Provisional US 2000-203271P 20000510, US 2001-853427
20010510; WO 2003050500 A1 **WO 2001-US15257 20010510**; AU
2001259741 A1 AU 2001-259741 20010510

FDT AU 2001259741 A1 Based on WO 2003050500

PRAI US 2000-203271P 20000510; US 2001-853427 20010510

IC ICM G01N000-00; **G01N033-574**

ICS C12Q001-37; **C12Q001-40**; G01N033-48

AB US2001053534 A UPAB: 20020308

NOVELTY - Cancerous or precancerous conditions are diagnosed in a mammal
by obtaining a biological sample from a gastrointestinal site and
detecting (by enzymatic or immunological assay) a backleak of at least one
signature protein or signature carbohydrate, caused by leakiness of the
tight junctional seal (tight junction) which surrounds epithelial cells in
the epithelial tissue.

USE - The method enables non-invasive diagnosis of cancerous or
precancerous conditions in mammals, by detection of signature proteins or
carbohydrates in the bloodstream that have backleaked from the
gastrointestinal tract.

The protein measured can be used in the diagnosis of particular
conditions, e.g. salivary **amylase** levels in serum are useful in
diagnosis of **esophageal** and gastric precancerous conditions such
as **Barett's Esophagus**, atrophic gastritis and H.
pylorii infection. Similarly, serum pepsin levels are useful in diagnosis
of precancerous gastric conditions such as atrophic gastritis and H.
pylorii infection, and serum trefoil factor levels may be used in
diagnosis of precancerous leaks in the ileum and colon.

ADVANTAGE - The method is especially useful for non-invasive and
inexpensive screening, which can indicate the need for more expensive and

involved endoscopic/colonoscopic follow-up procedures.

Dwg.0/0

FS CPI EPI

FA AB; DCN

MC CPI: B04-B04B; B04-B04D; B04-B04G; B04-B04L; B04-D01; B04-G01; B04-L05B;
B04-L05C; B04-N02; B10-E04C; B11-C07; B11-C08E3; B12-K04A1;
B12-K04A4; D05-H09
EPI: S03-E14H; S03-E14H4

TECH UPTX: 20020308

TECHNOLOGY FOCUS - BIOLOGY - Preferred Method: The signature protein is preferably salivary **amylase** (released into the first lumen of the gastrointestinal tract in saliva), pepsin (produced from pepsinogens I and II released into the stomach, and functional in the stomach and upper intestine) or trefoil factor (secreted into the lower intestine and colon). The signature carbohydrate is preferably mannitol or **sucrose**.

ABEX UPTX: 20020308

EXAMPLE - Venous blood (10 ml) was taken from patients presenting for endoscopic examinations and centrifuged to separate serum and cells. 1 ml aliquots of the serum supernatant were frozen (-70 degrees Centigrade). Aliquots were thawed and assayed for salivary **amylase** using a known enzymatic assay, in which an inhibitor selective specifically for the salivary form of the enzyme was used to differentiate between salivary and pancreatic forms. Saliva (diluted 1:1000 in PBS (phosphate buffered saline) plus 1 % BSA (bovine serum albumin)) was also analyzed. Blood levels and the blood level to saliva level ratio were grouped according to whether patients had normal endoscopic evaluations or whether cancerous/precancerous conditions were observed; patents with active ulcerations or actual bleeding in the upper gastrointestinal tract were omitted since the gastrointestinal tract barrier was breached macroscopically. A second marker solute for gastrointestinal permeability was also used, by asking patients to drink a **sucrose** solution (200 ml; 0.5 g/ml) the night before their endoscopy and measuring **sucrose** levels in overnight urine sample conventionally. No results concerning salivary **amylase** or **sucrose** levels are given in the specification.

L163 ANSWER 2 OF 2 WPIX COPYRIGHT 2004 THOMSON DERWENT on STN

AN 1998-207533 [18] WPIX

DNN N1998-164768 DNC C1998-065534

TI Composition for detection of gastrointestinal damage - uses combination of di saccharide(s) that have different degradation properties in the colon, small intestine and stomach.

DC B03 B04 J04 S03

IN MEDDINGS, J B

PA (MEDD-I) MEDDINGS J B

CYC 80

PI WO 9811440 A1 19980319 (199818)* EN 38 G01N033-574 <--
RW: AT BE CH DE DK EA ES FI FR GB GH GR IE IT KE LS LU MC MW NL OA PT
SD SE SZ UG ZW
W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GE
GH HU ID IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN
MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG US UZ
VN YU ZW

AU 9741972 A 19980402 (199833) G01N033-574 <--
ZA 9708238 A 19990331 (199918) 36 A61K000-00
US 6037330 A 20000314 (200020) A01N043-04

ADT WO 9811440 A1 WO 1997-CA673 19970912; AU 9741972 A AU 1997-41972 19970912;
ZA 9708238 A ZA 1997-8238 19970912; US 6037330 A Provisional US
1996-25898P 19960913, US 1997-926966 19970910

FDT AU 9741972 A Based on WO 9811440

PRAI US 1996-25898P 19960913; US 1997-926966 19970910

IC ICM A01N043-04; A61K000-00; G01N033-574

ICS A61K031-70

AB WO 9811440 A UPAB: 19980507

A composition for site specific detection of gastrointestinal (GI) damage comprises: (a) a first disaccharide (DS) that does not degrade in the colon, small intestine or stomach; (b) a second DS that degrades in the colon but does not degrade in the small intestine or stomach, and (c) a third DS that degrades to its monosaccharides in the small intestine and not in the stomach. Also claimed is a method for site-specific detection of GI damage in a patient comprising: (a) administering to the patient concurrently or sequentially DSs as in (A), and (b) assaying the patient's urine for the presence of the DSs administered in step (a) to determine the existence or extent of GI damage and the site of damage.

The compositions comprise sucralose, lactulose, **sucrose** and mannitol. The first DS is present in amount (in % by dry weight) 1-3, the second DS -10 and the third DS 87-95. The composition further comprises an aqueous carrier.

USE - The method and composition can be used for the detection of GI damage caused by e.g. ulcers, carcinoma or colitis.

ADVANTAGE - The method can provide for detection of site-specific GI damage, i.e. the stomach, small intestine or colon that is non-invasive and non-radioisotopic. In addition, the assay value for each DS can be correlated with control values to determine the magnitude of the GI damage at each affected site.

Dwg.0/8

FS CPI EPI

FA AB; DCN

MC CPI: B04-B04B1; B07-A02; B10-A07; B11-C08E; B12-K04A; J04-B01B

EPI: S03-E14H4

=> d his

(FILE 'HOME' ENTERED AT 13:09:43 ON 03 JUN 2004)
SET COST OFF

FILE 'REGISTRY' ENTERED AT 13:09:49 ON 03 JUN 2004

E SUCROSE/CN

L1 1 S E3

L2 8 S C12H22O11/MF AND SUCROSE

L3 8 S L1,L2

E AMYLASE/CN

L4 1 S E3

E AMYLASE

L5 3827 S E3 NOT L4

L6 13 S L5 AND SALIVA?

L7 3814 S L5 NOT L6

FILE 'HCAPLUS' ENTERED AT 13:11:43 ON 03 JUN 2004

E BARRET/CT

E E8+ALL

E E2+ALL

L8 330 S ESOPHAGUS?/CT (L) BARRETT?

L9 154 S ESOPHAGUS, DISEASE?/CT (L) BARRETT?

L10 433 S ?ESOPHAG? (L) ?BARRET?

L11 433 S L8-L10

L12 19051 S L4

L13 14 S L6

L14 35080 S L7

L15 0 S L11 AND L12

L16 0 S L11 AND L13

L17 0 S L11 AND L14

L18 0 S L11 AND ?AMYLASE?

L19 65497 S L3

L20 0 S L11 AND L19
 L21 0 S L11 AND SUCROSE
 L22 66 S ?ESOPHAG? AND L12-L14
 L23 71 S ?ESOPHAG? AND ?AMYLASE?
 L24 612 S ?ESOPHAG? AND 19
 L25 92 S ?ESOPHAG? AND SUCROSE
 L26 780 S L22-L25
 E ESOPHAGUS/CT
 L27 8057 S E3-E29
 E E3+ALL
 E E8+ALL
 L28 4621 S E8,E7+NT
 E E31
 L29 1728 S E30-E40
 L30 30 S L27-L29 AND L12-L14
 L31 26 S L27-L29 AND ?AMYLASE?
 L32 15 S L27-L29 AND L19
 L33 49 S L27-L29 AND SUCROSE
 L34 783 S L26,L30-L33
 E E36+ALL
 L35 3590 S E21,E20+NT
 L36 9 S L35 AND L12-L14,L19
 L37 4 S L35 AND ?AMYLASE?
 L38 8 S L35 AND SUCROSE
 L39 783 S L34,L36-L38
 L40 26 S L39 AND BARRET?
 L41 26 S L40 AND L8-L40
 L42 0 S L41 AND ?AMYLASE?
 L43 0 S L41 AND SUCROSE
 L44 0 S L41 AND JUNCTION
 L45 11 S L41 AND ?MARKER?
 L46 2 S US20010053534/PN OR (WO2001-US15257 OR US2000-203217#)/AP,PRN
 E MULLIN J/AU
 L47 395 S E3-E22
 E THORTON J/AU
 L48 1 S E4
 L49 1 S L46 AND L47,L48
 L50 2 S L47,L48 AND L8-L45
 L51 1 S L50 NOT 75/SC
 L52 3 S L47,L48 AND (?AMYLASE? OR SUCROSE)
 L53 1 S L52 AND 9/SC
 L54 1 S L51,L53
 L55 4297 S (L4 OR L5 OR L6 OR L3) (L)ANT/RL
 L56 6081 S (L4 OR L5 OR L6 OR L3) (L)ANST/RL
 L57 83 S (L4 OR L5 OR L6 OR L3) (L)DGN/RL
 L58 3 S L55-L57 AND L27-L29,L35
 L59 2 S L58 NOT STURGEON
 E GASTROINTESTINAL/CT
 E E31+ALL
 E E2+ALL
 L60 422 S L55-L57 AND E3+NT
 E E88+ALL
 L61 201 S L55-L57 AND E4,E3+NT
 L62 62 S L60,L61 AND (?NEOPLAS? OR ?CANCER? OR ?CARCIN? OR ?TUMOR? OR
 L63 2 S L62 AND ?ESOPH?
 L64 14 S L60,L61 AND TUMOR MARKERS+OLD,NT,PFT/CT
 L65 14 S L63,L64
 L66 6 S L64 AND SCREEN?
 L67 2 S L57 AND L58,L59
 L68 40 S L57 AND (BIOCHEM? (L)METHOD?)/SC,SX
 L69 133 S L55-L57 AND (?NEOPLAS? OR ?CANCER? OR ?CARCIN? OR ?TUMOR? OR
 L70 83 S L69 AND (BIOCHEM? (L)METHOD?)/SC,SX
 L71 0 S L70 AND L27-L29,L35

L72 31 S L70 AND (?DIGEST? OR ?GASTRO? OR ?GASTRI? OR ?INTESTIN?)
SEL DN AN 20 22 23 31
L73 4 S L72 AND E1-E12
L74 52 S L70 NOT L72
SEL DN AN 49 50 51
L75 3 S L74 AND E13-E21
L76 8 S L73,L75,L54 AND L8-L75
L77 8 S L76 AND (?AMYLASE? OR ?SUCROSE? OR ?SACCHARIDE? OR ?SUGAR?)
L78 816 S (L12-L14,L19 OR ?AMYLASE? OR ?SUCROSE?) AND ?LEAK?
L79 1148 S (L12-L14,L19 OR ?AMYLASE? OR ?SUCROSE?) AND ?JUNCTION?
L80 3704 S (L12-L14,L19 OR ?AMYLASE? OR ?SUCROSE?) AND ?PERMEAB?
L81 223 S L78-L80 AND ?EPITHEL?
L82 208 S L78-L80 AND (?NEOPLAS? OR ?CANCER? OR ?CARCIN? OR ?TUMOR? OR
L83 13 S L81 AND L82
L84 3 S L83 AND STOMACH
SEL DN AN L84
SEL DN AN L84 3
L85 1 S L84 AND E31-E33
L86 8 S L77,L85
L87 2 S L12-L14,L19 AND ?BARRET?
L88 20 S (?AMYLASE? OR ?SUCROSE? OR ?SACCHARID? OR ?SUGAR? OR ?CARBOHY
SEL DN AN L88 12
L89 1 S L88 AND E34-E36
L90 9 S L86,L89
SEL HIT RN

FILE 'REGISTRY' ENTERED AT 14:03:13 ON 03 JUN 2004

L91 4 S E37-E40 AND L1-L7

FILE 'REGISTRY' ENTERED AT 14:03:53 ON 03 JUN 2004

FILE 'HCAPLUS' ENTERED AT 14:04:00 ON 03 JUN 2004

FILE 'BIOSIS' ENTERED AT 14:04:12 ON 03 JUN 2004

E MULLIN J/AU
L92 186 S E3-E19
E THORTON J/AU
L93 7 S E3-E5
L94 193 S L92,L93
L95 2 S L94 AND (?BARRET? OR ?ESOPHAG?)
L96 3 S L94 AND L3,L4
L97 21 S L94 AND (?AMYLASE? OR ?SUCROSE? OR ?SACCHARIDE? OR ?CARBOHYDR
L98 22 S L95,L96,L97
SEL DN AN 1 2 4
L99 3 S L98 AND E1-E6
L100 99 S L94 AND (00520/CC OR (CONGRESS? OR CONFERENCE? OR POSTER? OR
L101 36 S L100 AND (JUNCTION OR ?LEAK? OR L98)
L102 7 S L101 AND L98
L103 1 S L102 AND ?BARRET?
L104 2 S L95,L103

FILE 'BIOSIS' ENTERED AT 14:11:28 ON 03 JUN 2004

FILE 'CANCERLIT' ENTERED AT 14:17:07 ON 03 JUN 2004

L105 282 S L3
L106 4995 S SUCROSE
L107 0 S L4,L6
L108 1935 S ?AMYLASE?
L109 6920 S L105,L106,L108
L110 2 S L109 AND ?BARRET?
E ESOPHAG/CT
E E79+ALL
L111 15455 S E2+NT

E ESOPHAGEAL CYSTS/CT
 E E6+ALL
 L112 19083 S E3+NT
 L113 154 S E34+NT
 E ESOPHAGEAL DISEASES/CT
 L114 548 S E42+NT
 L115 15455 S E83+NT
 L116 187 S E126+NT
 L117 1178 S E155+NT
 E E261+ALL
 L118 523 S E8+NT
 E ESOPHAGOGASTRIC JUNCTION/CT
 L119 4220 S E86+NT
 E HIS
 L120 11 S L109 AND L111-L119
 L121 2 S L120 AND ?BARRET?
 L122 2 S L120 AND JUNCTION
 L123 2 S L110,L121,L122
 L124 9 S L120 NOT L123

FILE 'CANCERLIT' ENTERED AT 14:22:49 ON 03 JUN 2004

E TUMOR MARKERS/CT
 E E7+ALL
 L125 131680 S E7+NT
 L126 175 S L125 AND ?BARRET?
 L127 144 S L125 AND L119
 L128 647 S L125 AND L114-L118
 L129 1 S L126-L128 AND L105,L106
 L130 0 S L126-L128 AND L108
 L131 0 S L129 NOT L123

FILE 'WPIX' ENTERED AT 14:25:22 ON 03 JUN 2004

L132 6819 S ?AMYLASE?/BIX
 E AMYLASE/DCN
 L133 13667 S SUCROSE/BIX
 E SUCROSE/DCN
 E E3+ALL
 L134 5174 S E2 OR 0135/DRN
 L135 22546 S L132-L134
 L136 1 S L135 AND ?BARRET?/BIX
 L137 68 S L135 AND ?ESOPHAG?/BIX
 L138 137 S L135 AND A61P035/IC,ICM,ICS,ICA,ICI
 L139 1144 S L135 AND P63?/M0,M1,M2,M3,M4,M5,M6
 L140 874 S L135 AND (B14-E10? OR C14-E10? OR B12-J01 OR C12-J01)/MC
 L141 922 S L137,L140
 L142 1111 S L135 AND (B14-H? OR C14-H? OR B12-G07 OR C12-G07)/MC
 L143 130 S L138,L139,L142 AND L141
 L144 47 S L143 AND (P831 OR Q233 OR N136)/M0,M1,M2,M3,M4,M5,M6
 L145 12 S L143 AND G01N033/IC,ICM,ICS
 L146 18 S L143 AND (B12-K04 OR B12-K04A OR B12-K04A1 OR B12-K04E)/MC
 L147 0 S L143 AND (C12-K04 OR C12-K04A OR C12-K04A1 OR C12-K04E)/MC
 L148 19 S L143 AND (D05-H08 OR D05-H09)/MC
 L149 10 S L143 AND S03-E14H?/MC
 L150 49 S L144-L149
 L151 1 S 20010053534/PN OR WO2001-US15257/AP,PRN
 E MULLIN J/AU
 L152 43 S E3-E12
 E THORTON J/AU
 L153 1 S E3
 L154 1 S L152,L152 AND L135
 L155 15 S G01N033-574/IC,ICM,ICS AND L135
 L156 361 S C12Q001-40/IC,ICM,ICS
 L157 22613 S L135,L156

L158 16 S G01N033-574/IC,ICM,ICS AND L157
L159 16 S L154,L158
SEL DN AN 9
L160 1 S L159 AND E1-E3
L161 2 S L154,L160 AND L132-L160
L162 1 S L135 AND ?BARETT?/BIX
L163 2 S L161,L162

FILE 'WPIX' ENTERED AT 14:40:47 ON 03 JUN 2004

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